Agreement Between

Local Management Entity/County Program

County Department of Social Services

The Department of Juvenile Justice and Delinquency Prevention

Judicial District Court

The Local Education Agency

Regarding Comprehensive Treatment Services Program for Children At Risk for Institutionalization or Other Out of Home Placement

This Agreement is made and entered into as of the date set forth below, by and between the Local Management Entity (LME)/County Program, the County Department of Social Services, the Department of Juvenile Justice and Delinquency Prevention, the local Judicial District Court, and the Local Education Agency.

Whereas, the Department of Health and Human Services is mandated by law, Session Law 2001-424, Section 21.60, as re-written in Senate Bill163, Section 1(a) and 1(b), to establish the Comprehensive Treatment Services Program (CTSP) for children at risk for institutionalization or other out-of-home placement, in consultation with the Department of Juvenile Justice and Delinquency Prevention, the Department of Public Instruction, and other affected State agencies, and

Whereas, the Purpose of the Program is to provide appropriate and medically necessary residential and nonresidential treatment alternatives for children at risk of institutionalization or other out-of-home placement, and

Whereas, Program Funds may also be used to expand a system-of-care approach for services to children and families statewide.

Therefore, the signatories of this agreement recognize the local community collaborative, utilizing a system-of-care approach, as the planning and advisory body for the use of Comprehensive Treatment Services Program funds. They also commit to accepting joint accountability and responsibility, to ensure the effectiveness of the Comprehensive Treatment Services Program.

Guiding Principles & Plan

Signatories of this agreement agree to develop a plan to accomplish the guiding principles, from Session Law 2001-424, Section 21.60, and SB 163, Section 1(a) and 1(b), for the provision of services. They agree to develop a plan to:

- Deliver services that are outcome-oriented and evidence-based.
- Deliver services as close as possible to the child's home.
- Select services that are most efficient in terms of cost and effectiveness.
- Involve families and consumers in decision making throughout treatment planning and delivery.
- Provide services that are not solely for the convenience of the provider or the client.

Furthermore, signatories of this agreement, through their participation in the local community collaborative, agree to collaborate to accomplish the following functions:

A. Coordination & Collaboration among Local Agencies regarding CTSP:

- Identify participants in the local collaborative who can effectively represent the priorities and concerns of their respective constituencies.
- Promote and support the involvement of families in planning and decision making regarding all responsibilities of the local community collaborative.
- Promote and support the involvement of families and consumers in decision making throughout treatment planning and delivery.
- Coordinate efforts to collapse collaborative groups with redundant scope and function.
- Develop resources and services that meet the needs of special/target populations throughout the county, judicial district, school district, and/or catchment area.
- Develop ways to maximize coordination of funding and resources between agencies at the local level.
- Follow state guidelines regarding implementation of system of care philosophy, principles, and practices including community collaboratives and child and family teams.
- Develop procedures for sharing information about specific children among agencies, in accordance with state and federal confidentiality laws.
- Utilize and/or develop common screening and assessment tools.
- Develop community-based services and supports that cross existing agency boundaries and funding streams.
- Collaborate to provide training and technical assistance across agencies and communities that is consistent with system-of-care

B. Evaluation & Outcomes

- DHHS, in conjunction with DJJDP,DPI, and other affected agencies, will report on the following information as identified in Session Law 2001-424, Section 21.60, and SB 163, Section 1(a) and 1(b) as follows:
  1. The number and other demographic information of children served.
  2. The amount and source of funds expended to implement the [CTSP] Program.
  3. Information regarding the number of children screened, specific placement of children including the placement of children in programs or facilities outside of the child's home county, and treatment needs of children served.
  4. The average length of stay in residential treatment, transition, and return to home.

5. The number of children diverted from institutions or other out-of-home placements such as training schools and State psychiatric hospitals and a description of the services provided.
6. Recommendations on other areas of the [CTSP] Program that need to be improved.
7. Other information relevant to successful implementation of the [CTSP] Program.
8. A method of identifying and tracking children placed outside of the family unit in group homes or therapeutic foster care home settings.
9. Document services provided to CTSP children at the local level
10. Local community collaborative work with families to develop a report regarding parent and family involvement to assist in answering question #7 above.

C. Develop Public Support for CTSP

- Work with parents and families to educate the public on the needs of children.
- When appropriate, jointly appear before local boards, commissions, and elected officials regarding CTSP.

Local Education Agency

The Local Education Agency agrees to:

1. Participate in the implementation of the local MOA for the Comprehensive Treatment Services Program.
2. Send representatives to the community collaborative which serves their students. Ideally the representatives would be central office personnel.
3. Support active school participation in child and family teams. This should include school personnel desired by the family.
4. Collaborate and participate with other local agencies in training efforts to address system of care as the methodology for accomplishing CTSP mandates.
5. Disseminate information to all school level staff about the school and school system roles in implementation of CTSP for students with emotional difficulties who are at risk of institutionalization or other out of home placement. This information should describe the Comprehensive Treatment Services Program, child and family teams, local community collaboratives, and the local MOA.
6. Work with other local agencies to develop a local release of information form that meets Family Education Rights and Privacy Act (FERPA) and CMA guidelines so that the local school administrative unit receiving a child placed in a residential setting outside the child's home county has immediate availability of the student's records.
7. Identify school personnel responsible for referring appropriate children to mental health who are at risk of institutionalization or other out-of-home placement.
8. Whenever possible, consolidate child and family team meetings with required school based meetings.
9. Collect information for report to the legislature as per SL 2001-424, Section 21.60 and SB 163, Section 1(a) and 1(b).

Judicial District Court

The Chief District Court Judge on behalf of the Local Judicial District agrees to:

1. Participate in the implementation of the local MOA for the Comprehensive Treatment Services Program.
2. Encourage participation in the community collaborative(s) that serves the judicial district.

3. Encourage judges to consult with the child and family team when considering the need to order certain residential and program placements.
4. Encourage judges to direct the creation of a child and family team on behalf of any child before the court who has a serious emotional and/or behavioral challenge.
5. Encourage a representative of the Guardian ad Litem program to be a member of each child and family team when there is a pending abuse or neglect case involving that child.
6. Recommend a representative of the Youth and/or Family Drug Treatment Court program to be a member of each child and family team when the child is involved in one of these programs.
7. Recommend a staff member from the Family Court to be a member of each Child and family team in judicial districts 5, 6A, 8, 12, 14, 20, 25, and 26.
8. Support the concepts and principles of system of care through encouraging and assisting in the training of Judges and other child/family related AOC/judicial staff.
9. Collect information for report to the legislature as per SL 2001-424, Section 21.60 and SB 163, Section 1(a) and 1(b).

The Local Management Entity agrees to:

System Responsibilities

1. Participate in the local community collaborative.
2. Implement a system of care approach in accomplishing CTSP mandates.
3. Develop an inventory of resources and services in the Local Management Entity catchment area, for children and families in order to eliminate cost shifting and facilitate cost sharing.
4. Collaborate with other agencies in training efforts to promote system of care as the approach for accomplishing CTSP mandates.
5. Measure system of care performance as it relates to CTSP USING System of Care Model.
6. Collect information for report to the legislature as per SL 2001-424, Section 21.60 and SB 163, Section 1(a) and 1(b).

Child/Youth Specific Responsibilities

1. Initial Contact (24/7) with the LME/ Provider through Telephonic or Face to Face.
2. Referral for CTSP Eligibility: Provide and/or assure screening for CTSP eligibility, in conjunction with the referral source, within 30 calendar days for any child referred for CTSP screening.
3. Referral for Mental Health Assessment: When a child/youth is referred to the Local Management Entity/Provider for an Emergency, Urgent, or Routine mental health assessment, the Local Management Entity will assure a mental health assessment.
4. The Mental Health Assessment will *include CTSP screening* (in conjunction with the referral source) within the following time frames:

- Emergency (when a child/youth's circumstances are imminently life threatening—suicidal or homicidal): response initiated within one hour.
- Urgent (when the child/youth's circumstances are potentially life threatening—suicidal or homicidal): appointment within 2 calendar days.
- Routine (when the child/youth's circumstances are not life-threatening): appointment within 7 calendar days.

5. Maintain prioritized waiting list and participate in State organized Waiting List designed to track number of children referred for CTSP screening, time frame for conducting, screening, needs of client, and priority level.

6. Coordinate child and family team for child eligible for CTSP funds within 30 calendar days of eligibility determination in order to determine treatment needs.
7. Assure Providers bill for medically necessary Community Support, which include a Person-Centered Plan and Diagnostic Assessment for a new child eligible for CTSP funds.
8. Children/youth who are CTSP eligible will not have their case closed by the Local management Entity when they enter a Youth Development Center or Detention, if they have current Community Support (Clinical) needs that meet medical necessity criteria.
9. If the youth has current Community Support (Clinical) needs that meet medical necessity criteria, a Child and Family Team meeting/conference call will be conducted on at least a quarterly basis in order to ensure collaboration and communication with relevant stakeholders.
10. Assure appropriate clinical services, within available resources, as indicated by the child and family team Person-Centered Plan for child eligible for CTSP funds.
11. Review, Medicaid, Health Choice or coordinate other funding streams for appropriate services when applicable.
12. Provide participation, through the Local Management Entity Director or designee, in the development of a local community collaborative that can appropriately assess the.

The County Department of Social Services agrees to:

1. Screen children with a finding of “in need of services” or a substantiation by DSS, or in DSS custody, or at risk to enter DSS custody, who are in need of a screening/assessment for Mental Health Services.
2. Contact the Local Management Entity and provide all needed information for a referral for Mental Health Services.
3. Participate as the referring party with the family and the Local Management Entity Program or the Community Support Team to complete the screening/assessment within 30 calendar days of making the referral.
4. Participate in the child and family team meeting(s) to develop and implement a Person-Centered Plan to enhance the strengths and meet the needs of the child and family and to provide current information about placement and services for the child and the family.
5. Provide or assure services as needed, when identified in the Person-Centered Plan developed by the child and family team.
6. Participate in the development and implementation of a local community collaborative that appropriately assesses the treatment, services and support needs of the children and families in the county and works to build local capacity for needed resources.
7. Collect information for report to the legislature as per SL 2001-424, Section 21.60 and SB 163, Section 1(a) and 1(b).

The Department of Juvenile Justice and Delinquency Prevention agrees to:

1. Conduct Risk and Needs Assessments for all juveniles adjudicated to be delinquent or undisciplined prior to disposition and for other juveniles who are the subject of a delinquent or undisciplined complaint prior to adjudication when the court counselor determines that CTSP services may be indicated or sought prior to the juvenile being adjudicated.
2. Use the Risk and Needs Assessments, Mental Health Target Population criteria, as well as other information, to determine if the juvenile is in need of a referral to the Local Management Entity/ Provider to determine eligibility for CTSP, giving particular consideration to juveniles transitioning to and from DJJDP facilities.

3. Refer the juvenile identified as in need of CTSP eligibility screening to the appropriate Local Management Entity within 10 working days of identification.
4. Provide name, Medicaid Identification Number if applicable, signature of consent for the referral and other therapeutically relevant information, as requested. Transport to appropriate Local Management Entity or arrange for on-site(face to face) or Telephonic screening as needed.
5. Refer the juvenile who is identified to be in need of CTSP eligibility screening, to their DSS of origin for Medicaid eligibility or Health Choice eligibility, at the same time of referral to the appropriate Local Management Entity.
6. Participate in child and family team meetings to address treatment and residential placement needs for the juvenile eligible for CTSP funds.
7. Perform psychological and educational testing for CTSP juvenile who is placed in a Youth Development Center or assist with arranging for psychological and educational testing for CTSP juvenile who is being held in a Detention Center when (a) Juvenile is in need of residential treatment as per their child and family team, and (b) Psychological and/or educational testing is required for referral to a residential facility.
8. Provide participation through the Youth Development Center Director or designee, and/or the Chief Court Counselor or designee, in the local community collaborative that can appropriately assess the collective treatment, medical, academic/vocational and financial needs of the targeted population.
9. Collaborate with other agencies in developing protocols for the sharing of specific child and family information.
10. Collaborate with other agencies in training efforts to promote system of care as the approach for accomplishing CTSP mandates.
11. Collect information for report to the legislature as per SL 2001-424, Section 21.60 and SB 163, Section 1(a) and 1(b).

Signature Process

1. MOA sent to Local Management Entity Directors via e-mail and posted on the web.
2. Local Management Entity Directors ensure that additional signatories & districts, counties or catchment areas are added to the signature page as needed (for example, some catchment areas have more than one court counselor or DSS person).
3. Local Management Entity ensures that all relevant stakeholders read and sign the MOA. All stakeholders do not have to sign the same signature page.
4. Local Management Entity sends finished signature page(s) to the Chief of Community Policy, Implementation and Management, with the Division of MH/DD/SAS. This address will be posted on the Division of MH/DD/SAS web page.
5. Local Management Entity has 8 weeks from receipt of the MOA to collect signatures and send the signature page(s) to the Chief of Community Policy, Implementation and Management. This will constitute compliance with the Performance Agreement.

Glossary

Best Practices: Treatment approaches and services with outcomes and accountabilities that are considered to be among the best available from a national perspective.

Braided Funds: Braided funding is the pooling and coordination of resources of all stakeholders involved with a child and family, while maintaining the integrity of each agencies funding stream.

Categorical Funding: Funds that can only be used for certain services and/or populations.

Child and family teams (CFTs): Child and family teams plan and coordinate services and supports to children and their families using CTSP and braided funds. Team members are front line agency staff, the family, youth, and other stakeholders directly involved in the treatment, habilitation, and/or support of the child and family. Any participating agency including DSS, DPI, DJJDP, or DMH/DD/SAS or the family may initiate and lead a child and family team. The child and family team works in full partnership with the family to make service decisions and to coordinate delivery of those services.

Collaboration: Collaboration is often preceded, as a system, by coordination and cooperation. Collaboration is characterized by:

- Families as full partners in service delivery, who drive services and supports.
- Community involvement
- Interdependence and shared responsibility among stakeholders

Collaboratives

- Local: The local community collaborative is composed of various community agencies, service providers, organizations, families, and advocates who are concerned and committed to children with mental health, substance abuse, and developmental disabilities needs and their families. These members work as a team to support and oversee meeting the outcomes identified by children and families and determined by consumer satisfaction, their communities' child and family teams and the development of their local system of care.

- State: The state collaborative is composed of representatives from state level agencies, families, child and family advocates and other systems to oversee the implementation of Session Law 2001-424, Section 21.60 to establish the Comprehensive Treatment Services Program (CTSP) for children at risk for institutionalization or other out-of-home placement, and to develop policy guidance to implement the system of care approach across the state. This group serves to resolve conflicts that may arise and cannot be resolved at a regional Collaborative.

Consumers: This is a term that has evolved from patient to client to consumer and refers to the children and/or family who are receiving their identified services and supports.

Cost Shifting: When one system decides, without consulting youth, family, or child and family teams, that a youth would be better served in another system other than the one in which the youth is currently served. One system arbitrarily determines that a youth can be better served in another system.

Evidence Based: Evidence Based Treatment (EBT) services are research-validated therapies.

Flexible Funds: Funds identified outside of categorical funding that may be used for non-traditional purchases that allow a youth at risk of out of home placement to remain at home.

Health Choice: The state health care insurance system for families that are ineligible for Medicaid, but do not have the resources to provide private medical insurance coverage. Many of the services funded are the same as those offered through Medicaid.

Medical Necessity (from DMA Child Level of Care Document): "Treatment must be medically necessary: there must be a DSM-IV-TR Axis I current diagnosis reflecting the need for treatment and the

service must be necessary to meet specific preventive, diagnostic, therapeutic, rehabilitative, palliative, or Community Support/ Targeted Case management for the needs of the child.

Special/Target Populations: These are the youth identified in Session Law 2001-424, Section 21.60, and are those populations that have traditionally been under-served and/or not served appropriately. These include youth with Deaf/Hard of Hearing, Sexual Aggression, Serious Emotional Disturbance, and/or Substance Abuse Treatment needs.

System of Care: is a network of community services and supports for children and youth with serious emotional and behavioral challenges. Families, youth and providers are full partners so each child can function better at home, in school and in the community. A System of Care is child-centered, family-focused, community-based, culturally competent and includes a Child and Family Team (CFT), a Person-Centered Plan (PCP) developed by a CFT, an independent local family/youth advocacy and support system, a local community collaborative ,quality management processes and a training and technical assistance system.

Agreement Between

Area Authority/County Program
And
County Department of Social Services
And
The Department of Juvenile Justice and Delinquency Prevention
And
Judicial District Court
And
The Local Education Agency

Regarding Comprehensive Treatment Services Program for Children At Risk for Institutionalization or Other Out of Home Placement
State Fiscal Year 2006-2007

SIGNATURES OF PARTIES TO THIS AGREEMENT:

Director, Local Management Entity/County Program:_____Date
Department of Health & Human Services

Director, County Department of Social Services:_____Date

Chief Court Counselor:_____Date
Department of Juvenile Justice & Delinquency Prevention

Chief District Court Judge:_____Date
Judicial District Court

Superintendent of Schools:_____Date
Local Education Agency